

**Notice of Assignment and Request for Information**

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BILAL KASSEM
FARBER & CO
333 HEGENBERGER RD #504
OAKLAND, CA 94621

August 20, 2020

IMR Case Number:	CM20-0115160	Date of Injury:	02/15/2019
Claims Number:	040519008736	UR Denial Date:	07/21/2020
Priority:	STANDARD	Application Received:	08/17/2020
Employee Name:	JONATHAN SHOCKLEY		
Provider Name:	BABAK JAMASBI MD		
Treatment(s) in Dispute Listed on IMR Application:	1. 12 SESSIONS OF ACUPUNCTURE FOR THE BILATERAL HANDS, WRISTS, AND FOREARMS		

Dear Parties:

The California Department of Industrial Relations' Division of Workers' Compensation has assigned MAXIMUS Federal Services to conduct an independent medical review for the above case.

Injured Workers or their Appointed Representatives:

- You may provide any documents in support of your request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.
- You should also expect to receive within 15 days of the date of this notice either copies or a list of the documents submitted to us by the Claims Administrator.

Treating Providers:

- You may provide any documents in support of your patients request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.

Claims Administrators:

- You must provide MAXIMUS Federal Services with copies of all documents listed on Attachment A (enclosed) within 15 days of the date of this notice.
- If you provide to us copies of documents that you have not previously provided to the Injured Worker, you must provide copies to the Injured Worker now.

- If copies of the documents have previously been provided to the Injured Worker, you are now required to send to the Injured Worker only a list of the documents being provided to us.
- To help us with our medical record review process, please also provide us with a list of the documents you are submitting to MAXIMUS Federal Services.
- If you contend there are grounds upon which this request for IMR should be deemed ineligible, please submit documentation supporting your contention with your response to this request for information. Please note, however, that any objections to IMR eligibility do not relieve you of the statutory requirement to submit the documents set forth in Attachment A. You should therefore submit objections to IMR eligibility in addition to – not in place of – the documents requested by and through this letter.

How to submit documents:

- (1) Facsimile to (916) 605-4275;
- (2) U.S. Postal Service mail; or
- (3) Delivery Service.

For U.S Postal Service Use
MAXIMUS Federal Services
Independent Medical Reviews
P.O. Box 138009
Sacramento, CA 95813-8009

For Delivery Service Use
MAXIMUS Federal Services
Independent Medical Reviews
625 Coolidge Drive, Suite 100
Folsom, CA 95630-3198

BOTH PARTIES: PLEASE BE SURE TO INCLUDE THE MAXIMUS CASE NUMBER WITH EACH DOCUMENT SUBMISSION. FAILURE TO DO SO MAY DELAY THE IMR PROCESS.

What Happens Next? Once the deadline for submitting documents has passed, MAXIMUS Federal Services will conduct a review of the documents submitted to verify that all of the required documents have been received. The complete case file will then be sent for an independent medical review by a doctor. In almost all cases, MAXIMUS Federal Services will send you a letter with this doctor's decision within **45 days** from the date of this notice.

Additional information regarding the independent medical review process is available online at
<http://www.dir.ca.gov/dwc/IMR.htm>

Encl



ATTACHMENT A:

DOCUMENTS THAT MUST BE SUBMITTED BY THE CLAIMS ADMINISTRATOR

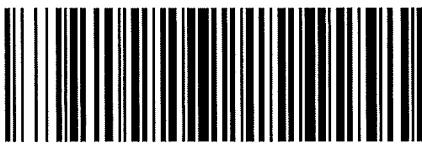
(1) A copy of all of the employee's medical records, within six months prior to the date of the request for authorization, in the possession of the employer or under the control of the employer relevant to each of the following:

- - (A) The employee's current medical condition;
 - (B) The medical treatment being provided by the employer;
 - (C) The disputed medical treatment requested by the employee; and
 - (D) A copy of any other relevant documents or information used by the employer or its utilization review organization in determining whether the disputed treatment should have been provided, and any statements by the employer or its utilization review organization explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
- (2) Other relevant documents:
 - (A) A copy of all reports of the employee's treating physician relevant to the employee's current medical condition, including those that are specifically identified in the request for authorization or in the utilization review determination.
 - (B) A copy of the adverse determination by the claims administrator notifying the employee and the employee's treating physician that the disputed medical treatment was denied or modified.
 - (C) A copy of all information, including correspondence, provided to the employee by the claims administrator concerning the utilization review decision regarding the disputed treatment.
 - (D) A copy of any materials the employee or the employee's provider submitted to the claims administrator in support of the request for the disputed medical treatment.
 - (E) A copy of any other relevant documents or information used by the claims administrator in determining whether the disputed treatment should have been provided, and any statements by the claims administrator explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
 - (F) The claims administrator's response to any additional issues raised in the employee's application for independent medical review.

Pursuant to California Labor Code Section 4610.5(i), failure to submit all required documents could result in the assessment of administrative penalties up to \$5000.00.

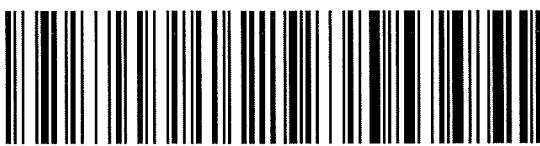
MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4275

MAXIMUS
Case
Number:



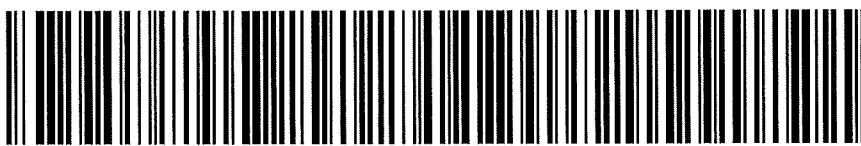
CM20-0115160

Document
Type
Requested:



Medical Records

Participant:



PRTIDREP OF INJURED WORKER

Notice of
Assignment August 20, 2020
sent:

IMPORTANT!

**Attach this page to any documents sent to
MAXIMUS regarding this case.**

**Documents sent without this cover page may not get
attached to this case.**

Please indicate the document type attached
(Medical records, settlement letter, etc.)

Document(s): _____

Do not include information regarding another case with this cover page.